
The Navy Public Affairs Library (NAVPALIB)
A service of the Navy Office of Information, Washington DC
Send feedback/questions to navpalib@opnav-emh.navy.mil

Date: Fri, 16 Sep 1994 06:43:49 -0400 (EDT)
Subject: Naval Service Medical News (NSMN) 94-35

R 160426Z SEP 94 ZYB
FM BUMED WASHINGTON DC//00//
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-35)//
POC/P.C. BISHOP/CAPT/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)653-
1315/TEL:DSN 294-1315//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF
INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS
MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED
BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY
REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION
ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED
WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT
HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(940286)-Naval Hospital Provides Care to Growing Population
(940287)-Two Navy Ensigns Assist Girl in Danger
(940288)-Naval Hospital Charleston Salutes Good Samaritans
(940289)-NMCL Accredited by the American College of Radiation
(940290)-GRAND ROUND ABSTRACTS
(940291)-Cancer Screenings Offered for Awareness Week (para 3)
(940292)-Prostate Cancer Statistics (para 3)
(940293)-Study Cautions Against Cancer Screening (para 3)
(940294)-Watchful Waiting Proposed for Prostate Cancer (para 3)

HEADLINE: Naval Hospital Provides Care to Growing Population
USNH Guantanamo Bay, Cuba (NSMN) -- U.S. Naval Hospital
Guantanamo Bay, Cuba, is a key participant in Operation Able
Vigil.

Already working closely with units of the Joint Task Force
(JTF-160) to provide medical support for Haitian migrant
operations, the U.S. Naval Hospital Guantanamo Bay was assigned
primary responsibility for medical screening and care for Cuban
migrants transported to the Guantanamo Naval Station as part of
Operation Able Vigil.

Having previously planned for migrant operations, two
pierside medical screening teams were quickly established to
receive migrants from ships and cutters and a primary care clinic
was established at the Buckeley migrant camp.

With the rapid growth of the migrant population the hospital
quickly found it necessary to expand its inpatient capacity from
11 operating beds to 33, maintaining an average 98 percent
occupancy rate.

The entire staff of the naval hospital worked together to
ensure all necessary functions were carried out with no

degradation to normal services.

As the migrant population grew, all non-essential personnel on board the naval base were given the order to evacuate. This order effected the family members of the hospital staff and caused an immediate loss of 22 civilian employees. Now assuming the extra workload of helping base families relocate and coordinating the aeromedical evacuation of personnel as appropriate, the staff of the hospital had to implement plans to move their own families and continue to provide support to more than 10,000 migrants.

Included in the superb care rendered to all patients was the rapid medical response in support of three Cuban migrants injured by the explosion of a mine. Quick response, transport to the hospital emergency room, triage and high-quality definitive care directly resulted in favorable outcomes for these three individuals. While one of the migrants was quickly transferred to Miami, FL, for evaluation and treatment of a significant eye injury, the two remaining migrants received trauma care at the U.S. Naval Hospital and continue to be followed as inpatients.

With the sustained high operating tempo, the naval hospital has been augmented with medical and fleet personnel as replacements for lost civilian employees. In spite of the great increase in workload, the staff of the hospital -- now including its augmentees -- continue to maintain high morale and work cohesively in support of JTF-160 operations, which includes screening migrants as they arrive and, most recently, total outpatient and inpatient care of Cuban migrants while one of the Air Transportable Hospitals relocates its facilities.

Story by LCDR John A. D'Alessandro, MSC

-USN-

HEADLINE: Two Navy Ensigns Assist Girl in Danger

BMC Sewell's Point, VA (NSMN) -- American Airlines Flight 2052 departed Dallas right on schedule Sunday, 21 August. The daily flight was due to arrive in Norfolk at 6 p.m. But the flight was anything but routine. On this day, it was forced to make an emergency landing.

On board the flight were Navy Medical Service Corps ensigns Tim Dolan and Alejandro Serrano, assigned to Branch Medical Clinic Sewell's Point. They were returning from a conference in Corpus Christi, TX, and their presence on the plane was just what the doctor ordered for a 15-year-old Spanish girl.

Over the sound system, a flight crew member requested medical assistance. Dolan and Serrano immediately identified themselves as Navy physician assistants and offered their help.

The problem: a pale teenager who was bleeding from the mouth. Her Iranian father, who spoke little English, indicated that she must be having some sort of seizure. As her eyes rolled back, she kicked and threw her arms frantically.

According to her father, she was on several medications, but he could not identify them, and he was unsure if she had taken any that day. Although the Navy men attempted to speak with the girl, she was in a trance-like state between seizures.

After examining her, Dolan and Serrano determined her life

was in danger. They recommended that the plane make an emergency landing at the first possible opportunity. The plane landed in Nashville, TN, where waiting paramedics rushed her to a local hospital.

Dolan said that he was worried the other passengers would be angry about the two-hour delay. But the passengers were concerned about the girl.

"People started talking to each other about the incident," said Serrano. "Pretty soon, they were joking and laughing, trying to make the best of the situation. It's amazing what a crisis will do to bring people together."

Dolan and Serrano do not see themselves as heroes, but were glad they could help. "We just happened to be in the right place at the right time," Dolan said.

Story by Ruth Murdock

-USN-

HEADLINE: Naval Hospital Charleston Salutes Good Samaritans

NAVHOSP Charleston, SC (NSMN) -- When DN Chris Crowder of Naval Hospital Charleston's Dental Department and his wife, Angela, stated for home from Raleigh, NC, last July, they had no idea of the experiences that awaited them.

A spur of the moment decision to stop at South of the Border caused them to be on the road a little later than they had originally planned. Just outside of Lake City on Highway 52, they witnessed an automobile accident when a resident backed out of her driveway into an oncoming vehicle. The Crowders stopped to assist. Although no one was seriously injured, they waited at the accident scene until emergency vehicles arrived. Shortly thereafter, the Crowders were back on their way.

About 10 minutes later, just after midnight, Chris and Angela passed a Jeep Cherokee on the side of the road. As they went by, they observed a lot of broken glass and saw that the jeep had been wrecked. The overhead dome light revealed a driver slumped over in the front seat and a dog standing in the back seat. Once again, the Crowders stopped to assist.

When Chris pulled open the driver's door, he saw a seriously injured victim. Cecil Kay, a civil service worker at the Naval Shipyard, had been driving back from Virginia after a weekend visiting with his wife and three daughters. His dog, Rex, was along to keep him company. Kay apparently fell asleep while driving and the jeep rolled over several times, eventually landing on its wheels. He was wearing a seat belt, which probably saved his life.

While Chris used his shirt to stop the flow of blood from a 10- to 13-inch gash in Kay's head and attempted to stabilize his neck, Angela drove back to Lake City to alert the fire department and EMS. While she was gone, Kay drifted in and out of consciousness. About 20 minutes later, the fire department and paramedics arrived to cut Kay from the mangled jeep and transport him to Lake City Hospital, where he was transferred to the Neurology and Neurosurgery Department at Medical University of South Carolina. He is in stable condition there with broken vertebrae, a concussion, a neck injury and numerous cuts to his

hands. He is expected to recover fully. (Rex was taken to a vet, where he was pronounced OK and later retrieved by family members.)

The Naval Hospital staff is proud of Chris and Angela and commends them for the fine example they set in unselfishly offering assistance and aid to others in need.

Story by Carla Higgins

Reprinted from The Southern Starship, August 1994

-USN-

HEADLINE: NMCL Accredited by the American College of Radiation
NMCL Pearl Harbor (NSMN) -- The Naval Medical Clinic Pearl Harbor has been approved by the American College of Radiology's Mammography Accreditation Program. The facility has met the necessary requirements, which include a stringent review by a panel of breast cancer-detection experts.

The reviewers evaluate the staff qualifications, equipment, quality control and quality assurance programs at a facility applying for accreditation. The quality of the image and the amount of radiation are measured and must meet rigid standards. Accreditations must be renewed every three years.

One in nine women will develop breast cancer in her lifetime. Early detection is the key to survival. Mammography done in conjunction with breast physical examinations provides the most accurate diagnosis of early breast cancer.

Only 6,000 facilities have been accredited nationwide in the six-year history of the program. It was started in response to concerns by radiologists, other medical organizations and the public that only qualified personnel perform and interpret mammograms and that only equipment specifically designed for mammography be used. The goal is to ensure women receive the best mammographic examination with the lowest possible risk.

The American College of Radiology, the American Cancer Society, the American Medical Association and nine other major medical organizations support the following guidelines for women without symptoms:

- An annual clinical examination with screening mammography performed at one- to two-year intervals, beginning at age 40.

- Clinical examination and mammography performed annually beginning at age 50.

The American College of Radiology is a major national medical specialty society, with more than 28,000 members, including radiologists, radiation oncologists and radiological physicists. The organization is headquartered in Reston, VA.
Story by the American College of Radiology

-USN-

HEADLINE: GRAND ROUND ABSTRACTS

DOD Washington (NSMN) -- On 12 September 1994, the Department of Defense announced that CAPT John F. Eisold, MC, currently head and program director, Internal Medicine Department, National Naval Medical Clinic, Bethesda, MD, has been selected for assignment as Attending Physician to Congress and promotion to rear admiral (lower half).

-USN-

CRUITCOM Arlington, VA (NSMN) -- Last month's issue of Navy Recruiter magazine (August 1994) announced the Recruiters of the Month for June 1994. Congratulations to Officer Recruiters of the Month HMC Debbie Rosenthal (Chicago), HMC George Carver (Cumberland Valley), HMC Anthony Compton (Memphis), HMC Harry Stowell (Minneapolis), HM2 Theresa Hyder (New York) and HM1 William Nolan (Pittsburgh), and Enlisted Recruiter of the Month for San Antonio HMC Steven Baker.

-USN-

NAVHOSP Bremerton, WA (NSMN) -- Congratulations to the Naval Hospital Bremerton Running Team, which competed in the Washington State Relay Championships. The race covered 180 miles, starting in Mount Ranier National Park and finishing on Pacific Beach in Oregon.

Not only did the Naval Hospital Bremerton team complete the course, but they won the Military (Sea) Division, which consists of Navy, Marine Corps and Coast Guard teams. This feat was even more impressive considering the fact that the team competed with only 10 runners rather than the recommended maximum of 12. Each runner completed three to four legs, averaging 5 miles per leg, with an outstanding team pace of 6:40 per mile.

The team consisted of Ray Baker, Chuck Bennett, Rob Franklin, Nick Hall, Art Hernandez, Dave Houpt, Chris Moore, R.T. Shaw, Bob Shirey and Max Sornoza. The team's success would not have been possible without the tireless efforts of the support crew -- Andrea Barsness, Vicky Clemente, Brenda Sanders and Calli VanHorbek.

Story by LCDR A. Hernandez, DC

-USN-

3. Month of September observations and events occurring 23-30 September:

- National Sickle Cell Month (213/736-5211)

- Women in Medicine Month (312/464-4392)

- Baby Safety Awareness Month

- Children's Eye Health and Safety Month (1-800-331-2020)

- Leukemia Society Month (1-800-955-4LSA)

- National Cholesterol Education Month (301/251-1222)

- 18-24 September: Prostate Cancer Awareness Week

- 18-24 September: National Rehabilitation Week (717/348-1497 or 1498)

- 20 September: Vote! Massachusetts and Washington Primaries

- 23 September, 0219 ET: Fall Equinox -- First Day of Autumn

- 25 September - 1 October: National Allied Health Week

(202/857-1150)

- 26 September: Medical Department CO/XO Screening Board

Convenes

- 26 September: MSC DUINS Board Convenes

- 30 September: E-7/E-8 Evals Due

- 30 September: Reserve O-4/O-5 FitReps Due

-more-

HEADLINE: Cancer Screenings Offered for Awareness Week

NNMC Bethesda, MD (NSMN) -- The National Naval Medical Center Bethesda, and about 800 other sites around the country, will offer prostate cancer screenings as part of Prostate Cancer Awareness Week, 18-24 September. Approximately 500,000 men are expected to participate nationwide.

The screening consists of a digital rectal examination and a prostate-specific antigen (PSA) blood test, each of which takes about a minute to perform. The combination of these two tests is the most effective and efficient method for detecting prostate cancer at an early stage, before it has escaped the prostate gland.

The Prostate Cancer Education Council recommends that men between the ages of 50 and 70 undergo an annual prostate evaluation. In addition, men who are part of population groups with high rates of prostate cancer, including African Americans and those with a family history of the disease, should begin these annual tests at age 40.

Since 1989, when the first round of mass screening took place in association with Prostate Cancer Awareness Week, researchers have noted the first signs of a turnaround in the number of cases of prostate cancer that are now detected in the early -- and potentially curable -- stages of the disease.

"Ten years ago, almost half of all diagnosed cases were advanced and incurable," said Prostate Cancer Education Council Chairman E. David Crawford, MD, associate director of the University of Colorado Cancer Center. "By contrast, in 1993, almost 60 percent of diagnosed cases were localized and potentially curable. This shows that men are gaining a lead-time advantage through early detection. ... Because we have no cure for advanced prostate cancer, early diagnosis and treatment are essential."

Once detected, treatment options available for localized prostate cancer include surgery, radiation therapy and careful follow-up observation. In some cases, physicians will recommend "watchful waiting," or doing nothing. New, nerve-sparing techniques have dramatically reduced surgery's negative effects, including incontinence and impotence.

Retired U.S. Army GEN Norman Schwarzkopf, spokesman for this year's Prostate Cancer Awareness Week, credits early detection with having "made all the difference in the world" in his case. Schwarzkopf, who underwent surgery for treatment of prostate cancer in the past year, will appear in ads and national media interview promoting screening during Prostate Cancer Awareness Week.

Story by Prostate Cancer Education Council

Reprinted from The Journal, 25 August 1994

-USN-

HEADLINE: Prostate Cancer Statistics

NDW Washington (NSMN) -- Cancer of the prostate strikes one in 11 males during their lifetime, is the most common cancer among men and is the second leading cause of death among men.

For African-American men, the disease is more prevalent, striking one in 9. About 200,000 American men will be diagnosed with prostate cancer this year and 38,000 will die from it. Early detection is often afforded by prostate cancer screening and can mean the difference between life and death.

Reprinted from Sea Services Weekly, Naval District Washington, DC, 2 September 1994

-USN-

HEADLINE: Study Cautions Against Cancer Screening

AMA Chicago (NSMN) -- A new study recommends against screening asymptomatic (without symptoms) men for prostate cancer with prostate-specific antigen (PSA), transrectal ultrasound (TRUS) and digital rectal examination (DRE), according to an article in this week's Journal of the American Medical Association (JAMA).

Murray D. Krahn, MD, MSc, from the Departments of Medicine, University of Toronto, Ontario, and colleagues, analyzed data to determine the clinical and economic effects of screening for prostate cancer. Probabilities and rates for clinical events were gathered from published data.

The researchers found that by having a one-time screening using DRE and PSA, life expectancy is predicted to increase by 0.6 and 1.7 days for 50- and 70-year-old men, respectively. However, the study predicts that when quality of life is considered, there will be a net loss of 3 to 13 days, with cost-effectiveness ratios ranging from \$113,000 to \$729,000 per incremental life-year saved. In high-prevalence populations, screening produced a similar pattern: gains in unadjusted life expectancy, losses in quality-adjusted life expectancy and increased costs.

The researchers also found that assessment of comorbidity (the coexistence of two or more disease processes), risk attitude and valuation of sexual function may identify individuals who will benefit from screening, but selecting high-prevalence populations will not improve the benefit of screening.

The authors write: "Our analysis shows that screening may marginally reduce prostatic cancer mortality for men between the ages of 50 and 70 years, but it suggests that the benefits of reduced prostatic cancer mortality are more than offset by the morbidity of prostatic cancer treatment. In the aggregate, we predict that screening will result in net harm rather than net health improvement."

The researchers conclude: "Screening for prostatic cancer will not yield an overall health benefit unless treatment of early stage prostatic cancer reduces cancer mortality at an acceptable cost in treatment-related morbidity. Neither the improvement of screening tests nor the restriction of screening to high-prevalence populations will improve the desirability of screening if treatment itself is not of net benefit. ... Our analysis, based on the evidence available in 1994, suggests that screening for prostate cancer cannot be justified as a rational health policy."

-more-

SIDEBAR: EDITORIAL: Despite Concerns, Don't Abandon Screenings

In an accompanying editorial, Gerald W. Chodak, MD, of the Prostate and Urology Center, Louis A. Weiss Memorial Hospital, Chicago, writes that the study by Krahn et al has several limitations, including that "the entire analysis is based on a one-time screening effort, where the negative impact of treatment mortality probably is at a maximum while the potential reduction in cancer mortality probably is at a minimum. Although this study shows that screening the population once is not worthwhile, it provides no information about the impact of more frequent screening policies like those used for breast cancer or cervical cancer."

Chodak also writes that the "baseline disease progression rates were derived from a single study that had a disproportionately high percentage of well-differentiated cancers and a low percentage of poorly differentiated cancers relative to the distribution in the population.

"Therefore, for now, perhaps the best message is for clinicians to counsel men about the potential trade-offs associated with screening and treatment and have them decide about being tested."

-USN-

HEADLINE: Watchful Waiting Proposed for Prostate Cancer

AMA Chicago (NSMN) -- The choice of watchful waiting is a reasonable alternative to invasive treatment for many men with localized prostate cancer, according to a study published in May 1993 in the Journal of the American Medical Association.

Craig Fleming, MD, of Oregon Health Sciences University, Portland, and colleagues reviewed the literature for prostatic carcinoma and analyzed Medicare claims data to evaluate the importance of patient preferences in the choice among radical prostatectomy, radiation therapy and watchful waiting.

The researchers concluded: "In reviewing the medical literature, we could find no definitive evidence that either radiation therapy or radical prostatectomy is superior to watchful waiting (with delayed hormonal therapy) for patients with clinical stage A or B prostatic carcinoma."

The study says among men with prostate cancer, 60 percent have tumors apparently localized to the prostate gland (clinical stage A or B). Initial treatment alternatives include radical prostate resection, radiation therapy and watchful waiting. With either resection or radiation therapy, there is a likelihood that the patient will suffer complications such as impotence and incontinence that can severely degrade quality of life.

The study says for patients with well-differentiated tumors, treatment appears to offer little marginal benefit over watchful waiting in terms of quality-adjusted life expectancy. "In the most optimistic scenario favoring treatment, assuming the highest observed metastatic rate and 100 percent efficacious treatment, the marginal benefit of treatment for patients with well-differentiated tumors compared with watchful waiting exceeds six months improvement in quality-adjusted life expectancy only for

the youngest patients.

"In all other scenarios, treatment for patients with well-differentiated tumors results in less than six quality-adjusted months and may actually diminish quality-adjusted life expectancy for some patients.

"Among patients with moderately and poorly differentiated tumors, treatment with either radiation therapy or radical prostatectomy may offer up to 3.5 years improvement in quality-adjusted life expectancy, again using the most optimistic assumptions."

Prostate cancer tends to be a slowly growing tumor. The cancer is usually found in older men, many of whom may be expected to die of other causes before distant metastases ever develop. The study says, "Despite the uncertainties inherent in our analysis, one finding is very clear: men aged 75 years and older are not likely to benefit from either radiation therapy or radical prostatectomy when compared with watchful waiting."

Relatedly, research studies published by JAMA in February 1993 indicate that getting a vasectomy may increase a man's risk for prostate cancer. The researchers concluded that "the cumulative epidemiologic evidence, the apparent lack of confounding and bias, and the influence of vasectomy on prostatic function and the immune system support but cannot prove a causal association."

-more-

SIDEBAR: EDITORIAL: AUA Clarifies Treatment Recommendation

AUA Baltimore, MD (NSMN) -- Responding to news coverage of JAMA's May 1993 report, the president of the American Urological Association, Inc., provided clarification regarding treatment of prostate cancer:

"While the data in the article reconfirmed the widespread belief that men with a life expectancy of fewer than 10 years usually do not require aggressive therapy for prostate cancer, this does not mean that younger men should not be treated aggressively," AUA's president wrote.

"Most studies of 'watchful waiting' for prostate cancer have focused on elderly patients with small, slow tumors. In younger patients, the tumor continues to grow after diagnosis. Once the cancer has escaped the prostate gland, it is difficult to treat. Also, once the tumor becomes larger, treatment by castration or hormones to avoid obstruction or bleeding often is required. Thus, even in patients who do not die of their prostate cancer, the majority develop symptoms that interfere with their quality of life. ...

"The American Urological Association believes that radical prostatectomy remains the most effective therapy for curing localized prostate cancer. While, undoubtedly, older men in the United States are undergoing this surgery unnecessarily, far more younger men who need the surgery are not receiving it."

This year, in response to the current JAMA report about screening for prostate cancer, the AUA agreed that some older men with the disease might not benefit from or require therapy but strongly disagreed with research questioning the screening

policy, comparing prostate cancer to breast cancer in the importance of catching it early.

-USN-

4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

-USN-